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U.S. Patent and Trademark Office	1	
ATTN: MS APPEAL BRIEF	(571) 273-8300	

FROM:

Peter J. Yim

Reg. 44,417

DATE:

August 13, 2007

Number of pages 18 with cover page:	·	18		•	
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#### Comments:

#### PLEASE PROCESS THE ATTACHED.

Re: U.S. Patent Application No. 10/608,300

For: OPTICAL METROLOGY OF STRUCTURES FORMED

ON SEMICONDUCTOR WAFERS USING

MACHINE LEARNING SYSTEMS

By: Srinivas DODDI et al. Our reference: 50998-20055.00

#### Attached is the following:

- 1. Transmittal (1 page)
- 2. Fee Transmittal (in duplicate, 2 pages)
- 3. Reply Brief (13 pages)
- 4. Request for Oral Hearing (1 page)

sf-2118698

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NO. 238 P.

DTD/DD/84 (66 B.(1)

PTO/6B/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Pape	enwork Reduction Act of 1995, no	perso	ns are required i	to respond to a c	allection of info	ormation unless it displays a valid OMB control nun
				Application N	lumber	10/608,300
TRANSMITTAL		Filing Date		June 27, 2003		
FORM		First Named	inventor	Srinivas DODDI		
		Art Unit		2121		
(to be used for all correspondence after initial filing)		Examiner Na	mė	N. Brown		
Total Numbe	r of Pages in This Submiss	ion	17	Attorney Doc	ket Numbe	509982005500
	EN	CLC	SURES (	Check all	that appl	y)
X Fee Trans, 2 pages)	mittal Form (in duplicate,		Drawing(s)			After Allowance Communication to TC
Fee	Attached		Licensing-related Pap			Appeals and Interferences
Amendme	nt/Reply		Petition			X Appeal Communication to TC (Reply Briof) (13 pages)
After	Final		Petition to Co Provisional A			Proprietary Information
· Affid			mey, Revocatio πespondênce /		Status Letter	
Extension of Time Request Terminal		Terminal Dia	claimer X Other Enclosure(s) (pl		X Other Enclosure(s) (please Identify below):	
Express Abandonment Request Request for		Request for	Refund  1. Request for Oral Heapage)		Request for Oral Hearing (1 page)	
Information Disclosure Statement CD, Number		CD, Number	of CD(8) 2. Facsimile Cover		2. Facsimile Cover Sheet (not	
Certified Copy of Priority Document(s)  Lane		Landso	cape Table on CD		counted as part of this submission)	
	issing Parts/ Application	R	emarks			
	ly to Missing Parts under FR 1.52 or 1.53					
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	SIGNATI	JRE	OF APPLICA	ANT, ATTOR	NEY, OR	AGENT
Firm Name	MORRISON & FOE	RST	ER LLP (C	ustomer No	. 20872)	
Signature	Rt I.V.					
Printed name	Peter J. Yim					1
Date	August 13, 2007				Reg. No.	44,417
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	ate shown below,	t gnied	acsimile transn Signature:	DAO)	tent and Trac	demark Office, fecsimile no. (571) 273-

## RECEIVED CENTRAL FAX CENTER NO. 238

AUG 1 3 2007

PTO/SB/17 (07-07)
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) Esta-on	Complete if Known							
Freetive on 12/02/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL.			Application Number 10/608,300					
			Filing Date June 27, 200					
	First Named Invi	entor	Srinivas DODDI					
For FY 2007				Examiner Name		N. Brown		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2121		
TOTAL AMOUNT OF PAYM	ENT	(\$) 1,00	00	Attorney Docket I	No.	509982005500		
METHOD OF PAYME	VT (check all t	nat apply)		1			•	
Check Credit	Card M	ioney Order	No	ne Other (p	lease identi	<b>f</b> y):		
X Deposit Account Dep	oosit Account Numb	er <u> </u>	1952	Deposit A	ccount Nam	e: Morrison	& Foerst	er LLP
For the above-ider	rtified deposit a	account, the Di	rector is	hereby authorize	d to: (che	ck all that apply)		
	s) indicated bel					dicated below, ex	cept for t	he filing foo
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FEE CALCULATION	44 4145 77444	INIATION FEE	-0				-	
1. Basic Filing, Searc		iination fee 3 FEES		ARCH FEES	EXAMI	NATION FEES		
		Small Entity		Small Entity		Small Entity		
Application Type	Fee (8)	<u>Fee (\$)</u>	FRP (\$		<u>Fee (\$)</u>		Fees	Paid (\$)
Utility	300	150	500	250	200	100		<del></del>
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	. 300		<u>.                                    </u>
Provisional	200	100	0	,O	0	0		•
2. EXCESS CLAIM FEES				•			E00 (\$)	Small Entity Fee (\$)
<u>Fee Desectation</u> Each claim over 20 (inclu	ding Reissues)						Fee (\$) 50	25
Each independent claim of				•			200	100
Multiple dependent claims	•	<b>.</b>	•				360	180
Total Claims Extra	a Claims P	ee (\$)	Fee l	Paid (\$)	M	lultiple Depende	nt Claims	
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- 100 = /50 = (round up to a whole number) x =						:		
4. OTHER FEE(S)						<u>Fees</u>	Paid (\$)	
Non-English Specifica	-	-	•		•		4.5	AA AA
Other (e.g., late filing	surcharge): 14	103 Request	for Ore	i Hearing	^^^		1,0	000.00
SUBMITTED BY								

Registration No. (Attorney/Agent)

44,417

Tetephone

Date

(415) 268-6373

August 13, 2007

Signature

Name (Print/Type)

Peter J. Yim